


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90051 003 \*\*\*\*61.25

<b>DOCUMENT # 701428</b>			
1. Entity Name <b>TEMPLE MENORAH INC.</b>			
Principal Place of Business <b>620 75TH ST MIAMI BEACH FL 33141 US</b>		Mailing Address <b>620 75TH ST MIAMI BEACH FL 33141 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number **59-0737893**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

~~FISHER, SCHULMAN & MINSKI~~  
4651 SHERIDAN ST  
SUITE 325  
HOLLYWOOD FL 33025

**7. Name and Address of New Registered Agent**

Name Riven Kratz  
Street Address (P.O. Box Number is Not Acceptable)  
620-75th Street  
Miami Beach FL Zip Code 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Riven Kratz [Signature] DATE 1/30/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> Delete NAME <del>ZELGER, ROSA</del> STREET ADDRESS <del>1801 CLEVELAND ROAD</del> CITY - ST - ZIP <del>MIAMI BEACH FL 33141</del>	
TITLE <input checked="" type="checkbox"/> Delete NAME <del>HUPPERT, GUTTA</del> STREET ADDRESS <del>9350 W BAY HARBOR DR., APT. 38</del> CITY - ST - ZIP <del>BAY HARBOR FL 33154</del>	TITLE <input type="checkbox"/> Delete NAME <del>LANES, ROSALIND</del> STREET ADDRESS <del>5965 PINETREE DR</del> CITY - ST - ZIP <del>MIAMI BEACH FL 33140</del>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MAURICIO EJENBAUM</b> STREET ADDRESS <b>2450 N.E. 135TH STREET, #409</b> CITY - ST - ZIP <b>N. MIAMI, FLA 33181</b>	
TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>RIVEN KRATZ</b> STREET ADDRESS <b>9009 EMERSON AVE.,</b> CITY - ST - ZIP <b>SURFSIDE, FLA 33154</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/30/04 (305) 866-9221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #